Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02-12-2010	Address:	932 E Sycamore
Case #:	<u>16F19499</u>		<u>Kokomo, IN 46901</u>
County:	<u>Howard</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Fou	nd: Location (bedroom, kitchen, open a	ir, etc)	
(check all that apply) Lithium/Ammonia Reaction(s): N/A			
Red Phosphorous/Iodine Reaction(s): N/A			
☐ Flammable Solvents: <u>Upstairs</u>			
Water Reactive Metal (Lithium): N/A			
Anhydrous Ammonia: <u>N/A</u>			
Hydrochloric Acid Gas Generator(s): <u>Upstairs</u>			
Corrosive Acid: <u>Upstairs</u>			
Corros	ive Base: N/A		
Other (item and location):meth upstairs apt.		
☐ Yes _ ⊠ No	ler age 18 discovered (check one) (number present) report to Child Protective Services	Ephedrir Retail/M	re Information ne/Pseudoephedrine Tracking Log derchant Tip PD investigation
This repo	rt is to be faxed to the following age	ncies that serve the	ocation:
Fire Department: Kokomo Fd		Fax: (765)	
Health Department: Howard Co.		Fax: <u>(765)</u> Fax: <u>N/A</u>	<u> 1456-2292</u>
Child Prot	ection Service: N/A		
Investigat		one (765) 473-6666	
** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department			

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.